



## Palm Tran CONNECTION

### Outreach Presentation / Event Request Form

Today's Date \_\_\_\_\_

Name of Group or Organization \_\_\_\_\_

Requested by \_\_\_\_\_ Phone \_\_\_\_\_

Date of Event \_\_\_\_\_ Time of Event \_\_\_\_\_

*\*please note we cannot guarantee weekends*

Length of Talk/Event \_\_\_\_\_ Estimated Attendance \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address of Contact \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Address/Location of Event: \_\_\_\_\_

Special Note: \_\_\_\_\_

**PLEASE INDICATE POPULATION (s) SERVED**

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Seniors (non-disabled) | <input type="checkbox"/> Civic/Non Profit Organization / Club / Senior Community / School | <input type="checkbox"/> Assisted Living Facility / Nursing Home |
| <input type="checkbox"/> Disabled               | <input type="checkbox"/> Seniors (disabled)   | <input type="checkbox"/> Rehabilitation Center                   |
| <input type="checkbox"/> Employment Training    |   |  |

Please fax or mail your completed form to:  
**Gloria Galloway, Outreach Manager**  
**Palm Tran CONNECTION**  
**3044 S Military Trail, Suite D, Lake Worth, FL 33463**  
**(561) 649-9848 ext 3632      (561) 656-7460 FAX**

